FULL AND PUBLIC DISCLOSURE OF FORM 6 2011 FINANCIAL INTERESTS **COMMISSION ON ETHICS** DATE RECEIVED FOR OFFICE USE ONLY: JUN 2 9 2017 tallaallakaldahdallallaallaallaallaallaadkaaallal ID Code "AUTO" MIXED AADC 323 T4 P1 123 HON MARTIN COLIN CIRCUIT JUDGE PROCESSED JUDICIAL CIRCUIT (15TH) ID No 95006 **ELECTED CONSTITUTIONAL OFFICER** 200 W ATLANTIC AVENUE Conf Code DELRAY BEACH, FL 33444-3664 P. Req. Code Colin, Martin CHECK IF THIS IS A FILING BY A CANDIDATE PART A -- NET WORTH Please enter the value of your net worth as of December 31, 2011, or a more current date. [Note Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3] My net worth as of <u>JUNE 1</u>, 2012 was \$ 353, 473 PART B -- ASSETS **HOUSEHOLD GOODS AND PERSONAL EFFECTS:** Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes. Jewelry; collections of stamps, guns, and numismatic items, art objects, household equipment and furnishings; clothing; other household items; and vehicles for personal use The aggregate value of my household goods and personal effects (described above) is \$ ___ l 20,000 ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required - see instructions p.4) **VALUE OF ASSET** HOME - 501 NO. COUNTRY CLUB ON. ATLANTS, FL. 33462 1,50,000 CONDO-610 LLEMATIS ST. UNITELL WEST PARM BEACH, PL. 3840) 160,000 CONDO-1/2 IMPERENT-BYO FLAMBERS R DELNAY BEACH, FL. 37491 25,000 SABADELL NATIONAL BANK 8,800 PART C -- LIABILITIES LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4): NAME AND ADDRESS OF CREDITOR **AMOUNT OF LIABILITY** OLWER (ASBC BARK) P.O. BOX 24646 WESTPALM BEART, F1. 33416- MONTEME 390,000 LASALLE MATIONAL BANK 135 SO. LATALLE CT. # 1875 CHICAGO, ILL 60603 150,000 HELEN NOSBURG GOOY CHATEN du soreic en OBESSA, FL. 33536-MONE 20,000 S. SINIAG 615 ATCANTIS BURY ATCANTIS, F1. 37762 - NONE 60,000 JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: NAME AND ADDRESS OF CREDITOR AMOUNT OF LIABILITY FLAMORAS A ASSOC. 6303 BATH OF COMMERCE BLUE BOCK ANTONES. I'L INTENCET WITH SON, MICHAEL 33 717 327-

		PART D IN	COME		
You may EITHER (1) file a complete ment identifying each separate source of Part D, below	copy of your 2011 federal i ce and amount of income w	ncome tax return, hich exceeds \$1,0	including all W2's, so 000, including second	thedules, and attachme lary sources of income	ents, OR (2) file a sworn state, by completing the remainder
l elect to file a copy of my 20 [If you check this box and att	111 federal income tax return ach a copy of your 2011 tax	n and all W2's, scl creturn, you need	nedules, and attachm not complete the rem	ents. nainder of Part D.]	
PRIMARY SOURCES OF INCOME NAME OF SOURCE OF INCOME	(See instructions on page EXCEEDING \$1,000	5) : ADD	RESS OF SOURCE	OF INCOME	AMOUNT
JUDICIAL SAL	ANY	TALLA	HACECE, FI.		1441000
JUDICIAL SAL	ome	WEST	MASSE, FI.	cond	13,800
SECONDARY SOURCES OF INCO NAME OF BUSINESS ENTITY	ME [Major customers, clien NAME OF MAJOR S OF BUSINESS' IN	OURCES	ses owned by reporti ADDRES OF SOUR	S	ctions on page 5]. PRINCIPAL BUSINESS ACTIVITY OF SOURCE
BOOMEOU ENTITY					
	•				
PA	RT E INTERESTS I BUSINESS ENTITY #		BUSINESSES [IT		BUSINESS ENTITY # 3
NAME OF	BUSINESS ENTITY #		BOOMEGO ENTIT	, , , 2	
BUSINESS ENTITY ADDRESS OF					
BUSINESS ENTITY PRINCIPAL BUSINESS					
ACTIVITY POSITION HELD					
I OWN MORE THAN A 5%	- H				
INTEREST IN THE BUSINESS NATURE OF MY OWNERSHIP INTEREST					
			LA CEDADATE CI	HEET DI FASE C	HECK HEDE
IF ANY OF PARTS A	THROUGH E ARE CO	NTINUED ON	A SEPARATE SI	HEET, I LEASE C	HECK HERE
OAT	TH	STATE COUNT	OF FLORIDA P	alm Beach	
I, the person whose name appears	at the	Sworn t	o (or affirmed) and su	bscribed before me th	is 37 day of
beginning of this form, do depose o				~	\\ C_2\'.
and say that the information disclos		_7	une	0 <u>[7</u> py / / / / / / / / / / / / / / / / / /	H. Colin
and any attachments hereto is true,	accurate,				
and complete	,	(Signate	ure of Notary Public	State of Florida	SHERRIE NORTON Commission # DD 947047 Expires April 16, 2014 Bonded Thru Troy Fan Insurance 800-385-7019
1 /// t. H.	Lin	(Print, 1	Typë, or Stamp Comn	nissioned Name or Not	
SIGNATURE OF REPORTING OF	FICIAL OR CANDIDATE	- Person	ally Known	OR Produced	dentification

Type of Identification Produced

FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3. INSTRUCTIONS on who must file this form and how to fill it out begin on page 3. OTHER FORMS you may need to file are described on page 6.

JUN 2 9 2012

JUDICIAL QUALIFICATIONS COMMISSION FORM 6A Canon 6B(2), Code of Judicial Conduct

GIFT DISCLOSURE

All judicial officers must file with the Commission on Ethics on or before <u>July 1</u> of each calendar year on the form set forth below a list of all gifts received during the previous calendar year of a value in excess of \$100.00, as provided in Canon 5D(5) and Canon 6B(2) of the Code of Judicial Conduct.

Conduct.	
NAME: MARTIN H. C	0LIN TELEPHONE: 56/- 330-1750
ADDRESS: 200 WEST AT	CANTIC NE. DECNAY BRANK, Fl. 32444
POSITION HELD: CIACUIT C	
Please identify all gifts you received \$100.00, as required by Canon 5D(5) at	during the preceding calendar year of a value in excess of nd Canon 6B(2) of the Code of Judicial Conduct.
Source	<u> Yalue</u>
	- 0 -
	PROCESSED
I certify that the foregoing list is comple	ete, true and correct.
	Mertin H. Wein
	JUDGE
	OATH
STATE OF FLORIDA COUNTY OF Palm Beach	
Sworn to (or affirmed) and subscribed by Martin H. Colin	before me this 27 day of, 2012_ (name of person making statement).
(NOTARY SEAL)	(Signature of Notary Public Stranger of Page 1971)
	(Signature of Notary Public Scare of Norton SHERRIE NORTON Commission # DD 947047 Expires April 16, 2014
	(Name of Notary Public-Typed, Printed or Stamped)
Personally Known OR Prod Type of Identification Produced	luced Identification
(ORIGINAL OF THIS FORM FILED WIT QUALIFICATIONS COMMISSION)	TH COMMISSION ON ETHICS; COPY FILED WITH JUDICIAL

FORM 6

FULL AND PUBLIC DISCLOSURE OF

2012

FINANCIAL INTEREST

FOR OFFICE USE ONLY:

COMMISSION ON ETHICS DATE RECEIVED

JUN 2 8 2013

վրվենկՈնորհրիդՈլորՈիկՈրհվինեինիՈրիվիդի

**********AUTO**MIXED AADC 323 T6 P1 25

Hon Martin Colin Circuit Judge Judicial Circuit (15Th) **Elected Constitutional Officer** 200 W Atlantic Ave Delray Beach, FL 33444-3664

PROCESSED

ID Code



ID No 95006

Conf. Code

P. Reg. Code *****

Colin, Martin

CHECK IF THIS IS A FILING BY A CANDIDATE

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2012, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ l \mathcal{V}_{o} , o o o

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
HOME- SOI NO COUNTY LLUB DA. ATLANTIS, FL. 33462	650,000
CONDO - 610 LLEMATIS ST. UNIT BILL WEST PARM BENEST, FL. 33401	180,000
COMOS- 11. INTENSIT. 840 FLANDENS A DELPMY BENEATER. 33466	25,000
SABAJELL UNITED BOTH WEST DAM DEARLY, FL. 32409 - AZIONA	8,700

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
OCUEN (145BC BANT) P. O. BOX 27646 WAST PARM BENCH FL. 33421- MONT.	290,000
DOWEN (LASALE NATIL BANK) POBOK LYGYL WEST DAWN BROKH F. 33401 - MONT.	148,000
ITELEN ROSSUME GOOY CHATEN du SOLIEU LN. DOSSEA FI. 33536 - HOME	28,000
S. SIMPAL 615 ATEMATIS WAY ATEMATIS, FI. 32462 - NOV-E	60,000
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
FLAMBAS A PEEDS COOK A DOLL SE COMMENCE DE LA PORTE SE	2400

"LINGUST WIND SON, MICHAEL

Vaum	poly FITHER (1) file a complete o	ony of your 2012 fodorol in		- INCOME rn, including all W2's, schedules, and at	tachments C	P (2) file a sworn statement
	fying each separate source and			10, including secondary sources of inco		
				s, schedules, and attachments. need not complete the remainder of Pa	rt D.]	
	ARY SOURCES OF INCOME (ME OF SOURCE OF INCOME			ADDRESS OF SOURCE OF INCOME		AMOUNT
	TUDICIAL SALAV	7	T1A-	164HMSSGE, FC		138,000
	MENTE INCOM	۶ 2	W53	1141HMSGE, FL TPMN BEACH, FL. CO	, ~~0	15000
SECO	ONDARY SOURCES OF INCOM	ME [Major customers, clier	nts, etc., of bus	sinesses owned by reporting personse	e instruction	s on page 5]:
	NAME OF BUSINESS ENTITY	NAME OF MAJOR S OF BUSINESS' II		ADDRESS OF SOURCE		RINCIPAL BUSINESS CTIVITY OF SOURCE
	BOSINESS ENTITY	OI BOOMAEOO II	TOOME	OF GOORGE		511111
	PART	E INTERESTS IN	SPECIFIE	D BUSINESSES [Instructions on	page 6]	
		BUSINESS ENTITY	#1	BUSINESS ENTITY # 2	BU	SINESS ENTITY # 3
NAMI	E OF NESS ENTITY					
ADDF	RESS OF NESS ENTITY					
PRIN	CIPAL BUSINESS					
	TION HELD					
IOW	I ENTITY N MORE THAN A 5%					
NATU	REST IN THE BUSINESS JRE OF MY			10.570.000		
OWN	ERSHIP INTEREST					
	IF ANY OF PARTS A T	HROUGH E ARE CO	ONTINUED	ON A SEPARATE SHEET, PLE	EASE CHE	CK HERE
	OAT	Ή		ATE OF FLORIDA Palm Bo	each	
I, the	person whose name appears a	t the	Swo	orn to (or affirmed) and subscribed befo	ore me this _	a5_day of
begir	ning of this form, do depose on	oath or affirmation	-			
	say that the information disclose			Sine , 20 13 by 1	narti	n H. Colin
and a	any attachments hereto is tiue,	SHERRIE NORTO	N		V	
and o	complete.	Commission # DD 9 Expires April 16, 20 Bonded Thru Troy Fain Insurance	947047 <u> </u>	gnature of Notary Public-State of Floric	la)	
	119-11	11_	(Pri	nt, Type, or Stamp Commissioned Nan	he of Notary	Public)

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known _____ OR Produced Identification _

Type of Identification Produced

FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3. INSTRUCTIONS on who must file this form and how to fill it out begin on page 3. OTHER FORMS you may need to file are described on page 6.

JUDICIAL QUALIFICATIONS COMMISSION FORM 6A Canon 6B(2), Code of Judicial Conduct

JUN 2 8 2013

GIFT DISCLOSURE

ş

All judicial officers must file with the Commission on Ethics on or before July 1 of each calendar
year on the form set forth below a list of all gifts received during the previous calendar year of a
value in excess of \$100.00, as provided in Canon 5D(5) and Canon 6B(2) of the Code of Judicial
Conduct.

TELEPHONE: 501-330-1750 DECMY BEACH, FL. 33 Calendar year of a value in excess of Code of Judicial Conduct. Yalue
calendar year of a value in excess of code of Judicial Conduct. Value
calendar year of a value in excess of code of Judicial Conduct. Value
Value Value
A. Mi
ay of June 2013
n making statement).
iblic-State of Florida)
-Typed, Printed or Stamped)

FORM 6

FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTEREST

2013

FOR OFFICE USE ONLY:

PROCESSED

FLORIDA COMMISSION ON ETHICS

JUN 27 2014

RECEIVED

Hon Martin Colin Circuit Judge Judicial Circuit (15Th) **Elected Constitutional Officer** 200 W Atlantic Ave Delray Beach FL 33444-3664 լուրինիլիդեկերեկին Ալիայաներդեր հանվեիկիլիկի

ID Code

ID No.

95006

Conf. Code

Colin, Martin

CHECK IF THIS IS A FILING BY A CANDIDATE

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2013, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ ____1291000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
HOME. 501 NO. COUNTY LLUB DA. ATLANTIS, FL. 33467	650,000
CONDO-610 LLEMATIS ST. UNIT 811 WAST PAR BEACH, FL. 33401	190,000
CONSO- "IZ INTEREST & YO FLAMBERS R. DELAMY GENERA. Fl. 33446	25,000
SAGABRAL UNITED BANK. WEST PARA BERKET, FL. 33709	8,600

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR

OCWEN (HSBC BANK) P.O. GOX 24646 WEST PAIN BRACH, F133401 - MONT.	285,000
Ocupa / CASALE MATIONA Shope) P.O.BOX 24646 WEST PAM BESKED M. mans	146,000
HEREN MOSBURG 9004 CHATEN du SOLIEU LN. OJESSA, Fl. 33536 mone	28,000
S. SIAPAL 615 ATLANTIS WAY ATLANTICFI. 33762 - MONE	60,000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

AMOUNT OF LIABILITY NAME AND ADDRESS OF CREDITOR FLAMBERS A. COMO ASSOC. 6300 fAMA OF COMMERCE BLUD 1200 BOCA MON, Pl. 334P7 1/2 INTERET WITH SON,

| AMOUNT OF LIABILITY

	PART D -	- INCOME	-	
You may EITHER (1) file a complete copy of your 2013 fer statement identifying each separate source and amount of remainder of Part D, below.	deral income ta: f income which	x return, <i>including all W2's, schedu</i> exceeds \$1,000, including second	ules, and attachn lary sources of ir	nents, OR (2) file a sworn ncome, by completing the
I elect to file a copy of my 2013 federal income tax re [If you check this box and attach a copy of your 2013	eturn and all W2 3 tax return, you	e's, schedules, and attachments. need not complete the remainder	of Part D.]	
PRIMARY SOURCES OF INCOME (See instructions on p	age 5):			
NAME OF SOURCE OF INCOME EXCEEDING \$1,000	 	ADDRESS OF SOURCE OF INCO		AMOUNT
NEATH INCOME	TAL	PALASSRE, FL.		136,000
NENTA INCOME	west	PAIN BEACH PL.	LONDS	15,000
SECONDARY COURSES OF INCOME IN				
SECONDARY SOURCES OF INCOME [Major customers, cl NAME OF NAME OF MAJOR BUSINESS ENTITY OF BUSINESS	R SOURCES	isinesses owned by reporting person ADDRESS OF SOURCE	F	ns on page 5]: PRINCIPAL BUSINESS ACTIVITY OF SOURCE
		D BUSINESSES [Instructions	on page 6]	
NAME OF BUSINESS ENTITY	# 1	BUSINESS ENTITY # 2	BUSIN	ESS ENTITY # 3
BUSINESS ENTITY ADDRESS OF				14.
BUSINESS ENTITY				
PRINCIPAL BUSINESS ACTIVITY				
POSITION HELD WITH ENTITY				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			7 7 7	War and the same of the same o
NATURE OF MY OWNERSHIP INTEREST				
IF ANY OF PARTS A THROUGH E ARE CO	ONTINUED (ON A SEPARATE SHEET, P	LEASE CHEC	CK HERE
OATH	STATE	OF FLORIDA O	\	
	COUNT	of FLORIDA Palm B	each	
I, the person whose name appears at the	Sworn t	o (or affirmed) and subscribed befo	ore me this	24_ day of
beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form	7	une , 2014 by 1	martin	H. Colin
and any attachments hereto is the sociale.	~~~~			
and complete. Notary Public State of Flo Sherrie R Norton	rida (Signatu	re of Notary PublicState of Floric	la)	
My Commission FF 10813	30 } <	Sherrie Mar	ton	
£ 20118 04/10/2015	(Print, T	ype, or Stamp Commissioned Nam	ne of Notary Pub	lic)
Martin H. Weni	Persona	ally Known OR Pr	oduced Identifica	ation
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE	Type of	Identification Produced		
If a certified public accountant licensed under Chapter 473 she must complete the following statement:	3, or attorney in	good standing with the Florida	Bar prepared th	is form for you, he or
I,	_, prepared th	e CE Form 6 in accordance with	Art. II, Sec. 8, F	Florida Constitution,
Section 112.3144, Florida Statutes, and the instructions to correct.	the form. Upo	n my reasonable knowledge and	belief, the discl	osure herein is true and
Signature			Date	
Preparation of this form by a CPA or attorney do	es not reliev	e the filer of the responsibili	ity to sign the	form under oath.

PROCESSED

FLORIDA COMMISSION ON ETHE

JUN 27 20 ...

RECEIVED

JUDICIAL QUALIFICATIONS COMMISSION FORM 6A Canon 6B(2), Code of Judicial Conduct

GIFT DISCLOSURE

QII I DIOGRODONI	
All judicial officers must file with the Commission on Ethi year on the form set forth below a list of all gifts received value in excess of \$100.00, as provided in Canon 5D(5) a Conduct.	nd Canon 6B(2) of the Code of Judicial
NAME: MALTIN H. COLIF ADDRESS: 200 WEST AT LAW TIC ME	
ADDRESS: 200 WEST AT LAW TIC ME	. AFERAT BENEU FL. 33744
POSITION HELD: CIACUIT COURT JUI	6 E
Please identify all gifts you received during the precedin \$100.00, as required by Canon 5D(5) and Canon 6B(2) of the	g calendar year of a value in excess of ne Code of Judicial Conduct.
<u>Source</u>	<u>Value</u>
- > -	
I certify that the foregoing list is complete, true and correctly JUDGE	Lenter 17. Wen'
OATH	
STATE OF FLORIDA COUNTY OF Halm Beach	
Sworn to (or affirmed) and subscribed before me this 2 by Martin H. Colin (name of pe	day of
Notary Public State of Florida Sherrie R Norton My Commission FF 108130 Expires 04/16/2018	ry Public-State of Florida) Language Control L

(ORIGINAL OF THIS FORM FILED WITH COMMISSION ON ETHICS; COPY FILED WITH JUDICIAL **QUALIFICATIONS COMMISSION)**

Produced_

Type of Identification

FORM 6

FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS

2014

FOR OFFICE USE ONLY:

FLORIDA

COMMISSION ON ETHICS

JUN 22 2015

RECEIVED

ID Code

ID No.

95006

Conf. Code

Colin, Martin

*******AUTO**MIXED AADC 323 T5 P1 146

Hon Martin Colin Circuit Judge Judicial Circuit (15Th) **Elected Constitutional Officer** 200 W Atlantic Ave Delray Beach FL 33444-3664

լենիրիեսը[ինինենին][իսալինիիսորեսինինինինի

CHECK IF THIS IS A FILING BY A CANDIDATE

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2014. [Note: Note: Note:

My net worth as December 31, 2014 was \$ _____ 4 9 2, 0 26

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is \$_______1 20_00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
HOME-501 NO. COUNTRY LLUB DR. ATLANTIS, FL. 33762	650,000
CONOD- 610 CLEMATIST UNIT BILL WEST PMABEACH, FL. 37401	192,000
	25,000
CONDO- "LINTERRET RYO FLANDERS R DELLAY BEACH, FL. 33496 SABADELL UNITED BANK WEST PARM PENTEN, FL. 33409 ERS DROP. VESTED	9100

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR

	1
OCUBA (HSBCBAM) P.O. BOX 24646 WAST PALM BEACH, FL. 33401-HOME MONT.	282,445
OCUBN (LATING NATIONAL BANK) P. J. BOX 24646 WEST PALM BEACH, FL. 33401 MON	T. 139,877

HELEN MOSBURG 9004 CHATEAU du SOLIEU LN. UDERSA. Fl. 33536 - Thomas

615 ATLANTICUAT ATLANTIS FL. 33762 - NOME

30,295 600000

7995

I AMOUNT OF LIABILITY

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR AMOUNT OF LIABILITY FERMORIS L. COMOD ASSOC. 6300 BANKOF COMMERCE BLUD 1898 BOCA RATON, F. 33 Y87 1/2 INTEREST WITH SON, MICHAEL

ASADELL UNITED BATH WEST PARM BACK, FI. 33409 - CARSIT LINE

PAGE 1

S.SINAM

You may EITHER (1) file a comple statement identifying each separat remainder of Part D, below.	ete copy of your 2014 fede e source and amount of i	eral income tax	- INCOME x return, including all W2's, schedules, exceeds \$1,000, including secondary	and attachments, OR (2) file a sworn sources of income, by completing the
I elect to file a copy of my 2	014 federal income tax retitach a copy of your 2014 t	urn and all W2 tax return, you	's, schedules, and attachments. need not complete the remainder of Pa	art D.)
PRIMARY SOURCES OF INCOME				
NAME OF SOURCE OF INCOM	E EXCEEDING \$1,000	-	ADDRESS OF SOURCE OF INCOME	AMOUNT
JUDICIAL SALA	~~	TALL	MHATSRE, FL	136,000
NEMATE INCOM	1/2	WEST	MA ARMed. Fr.	15,000
SECONDARY SOURCES OF INCO	OME [Major customers, clie	ents, etc., of bu	sinesses owned by reporting persons	see instructions on page 5]:
NAME OF BUSINESS ENTITY	NAME OF MAJOR OF BUSINESS'		ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
PAR	T E INTERESTS IN	SPECIFIE	D BUSINESSES [Instructions on	page 6
	BUSINESS ENTITY #		BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY				
ADDRESS OF BUSINESS ENTITY				
PRINCIPAL BUSINESS ACTIVITY				
POSITION HELD				
I OWN MORE THAN A 5%				
NATURE OF MY		-		
OWNERSHIP INTEREST				
- m		-11-11-1	ΓRAINING	
			cs training pursuant to section PLETED THE REQUIRED T	
	***************************************			\
OAT	Н	COUNT	OF FLORIDA Palm Bea	ach
I, the person whose name appears		Sworn	to (or affirmed) and subscribed before	me this day of
beginning of this form, do depose and say that the information disclo			une . 20 15 by M	artin H. Colin
and any attachments hereto is true		(Signat	ure of Notary PublicState of Florage	· · · · · · · · · · · · · · · · · · ·
and complete.		(Signati	ure of Notary PublicState of Ployday	Notary Public State of Florida Sherrie R Norton
1110 1	11	(Print, 1	ype, or Stamp Commissioned Name 6	Nostry My Commission FF 108130 Expires 04/16/2018
111200	· When	Persona	ally Known OR	Decide the Completion of the C
SIGNATURE OF REPORTING OF	FICIAL OR CANDIDATE	Type of	Identification Produced	
If a certified public accountant lice	ensed under Chapter 473	3, or attorney	in good standing with the Florida Ba	r prepared this form for you, he or
she must complete the following	statement:			
I,Section 112.3144, Florida Statute and correct.	s, and the instructions to	_, prepared t the form. Up	he CE Form 6 in accordance with Ar on my reasonable knowledge and be	t. II, Sec. 8, Florida Constitution, elief, the disclosure herein is true
Signature				Date
Preparation of this form by	a CPA or attorney do	es not relie	ve the filer of the responsibility	to sign the form under oath.
IF ANY OF PARTS A TH	ROUGH E ARE CO	NTINUED (ON A SEPARATE SHEET, PLE	ASE CHECK HERE

COMMISSION ON ETHICS

JUN 22 2015

JUDICIAL QUALIFICATIONS COMMISSION FORM 6A Canon 6B(2), Code of Judicial Conduct

RECEIVED

44

GIFT DISCLOSURE

All judicial officers must file with the Commission on Ethics on or before <u>July 1</u> of each calendar year on the form set forth below a list of all gifts received during the previous calendar year of a value in excess of \$100.00, as provided in Canon 5D(5) and Canon 6B(2) of the Code of Judicial Conduct.
NAME: WANTIN H. LOLIN TELEPHONE: 561-370-1750
NAME: WATIN H. LOLIN TELEPHONE: 561-370-1750 ADDRESS: >00 LEST ATLANTIC NE DELANY BEAUT, FL. 324
POSITION HELD: CIRLUIT COURT JUILE
Please identify all gifts you received during the preceding calendar year of a value in excess of \$100.00, as required by Canon 5D(5) and Canon 6B(2) of the Code of Judicial ROCESSED Source
- 0 -
·
I certify that the foregoing list is complete, true and correct. JUDGE WART: H. COLI
QATH
COUNTY OF Palm Beach
Sworn to (or affirmed) and subscribed before me this 6 day of 5 cm 2015, by Martin H. Colin (name of person making statement).
(Signature of Notary Public-State of Florida) Sherrie R Norton My Commission FF 108130 Expires 04/18/2018 (Name of Notary Public-Typed, Printed or Stamped)
Personally KnownOR Produced Identification Type of Identification

(ORIGINAL OF THIS FORM FILED WITH COMMISSION ON ETHICS; COPY FILED WITH JUDICIAL

QUALIFICATIONS COMMISSION)

FORM 6 FULL AND PUBLIC DISC	CLOSURE	2015
Please print or type your name, mailing address, agency name, and position below:		OFFICE USE ONLY:
LAST NAME — FIRST NAME — MIDDLE NAME:		1500G
COLIN MARTIN H.	1	FLORIDA SSION ON ETHICS
205 NO. DIXIE ITWY	•	UN 3 0 2016
CITY: ZIP: COUNTY:	F	RECEIVED
WEST PALM BEACH 33401 PALMBEACH	<i>F</i>	
NAME OF AGENCY: 15M DUDICIM CIRCUIT	PROCE	SSED
NAME OF OFFICE OR POSITION HELD OR SOUGHT :	PROOF	
CIRCUIT COUNT TUBLE		
CHECK IF THIS IS A FILING BY A CANDIDATE		
PART A NET WORTH		
Please enter the value of your net worth as of December 31, 2015 or a modulated by subtracting your <i>reported</i> liabilities from your <i>reported</i> assets, s		
My net worth as of	\$ 530,147	<u>.</u>
PART B ASSETS		
HOUSEHOLD GOODS AND PERSONAL EFFECTS: Household goods and personal effects may be reported in a lump sum if their aggregate following, if not held for investment purposes: jewelry; collections of stamps, guns, and furnishings; clothing; other household items; and vehicles for personal use, whether owne	I numismatic items; art objects;	ategory includes any of the household equipment and
The aggregate value of my household goods and personal effects (described above) is \$	120,000	
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:		VALUE OF A00FT
DESCRIPTION OF ASSET (specific description is required - see instru		VALUE OF ASSET
HOME-501 MO. COUMTRY CLUB ON. ATLANTIS P(. 33		650,000
COMOD-1/2 INTEREST 840 FLAMBERS R DELA	171 812141, 1-1 33496	25,000
FAS AROP - UFATED		102,698
	V 15 1 2 2 4 4	
PART C LIABILITIES		
LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4): NAME AND ADDRESS OF CREDITOR		AMOUNT OF LIABILITY
OCUEN (HSBC BAM) P.S. BOX 24646 WGST PARM BENE	4, H. 33401 - MONI	203,647
HEREN ROSBURG 9004 CHAFEN du SOLIEN LN-00	5RSA, FI. 33536 17	7 30,195
S. SIMM 615 ATLANTIS WAY ATCANTIL F1.3	33462- NO. FE	60,000
JOINT AND CEVERAL LIABILITIES NOT REPORTED ABOVE		
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: NAME AND ADDRESS OF CREDITOR		AMOUNT OF LIABILITY
FLANDENS A. CONDO ATS'N-6303 BALLOF COMME	CE BLND	942
BUCH MARON, RI3371) - 1/2 INTEREST		
CARALDELL GAME WEST PARM GENERAL PR 33049.	CASILILIER	872

		PART D	- INCOME	
Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2015 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.				
I elect to file a copy of my 2 [If you check this box and a	015 federal income tax ret ttach a copy of your 2015	turn and all W2 tax return, you	's, schedules, and attachments, need not complete the remainder of P	Part D.]
PRIMARY SOURCES OF INCOME	,	•	ADDRESS OF SOURCE SEWIT	e I AMOUNT
NAME OF SOURCE OF INCOM		·	ADDRESS OF SOURCE OF INCOME	TRUOMA 136,000
TUNCIA S	MUINT	1 170	CAMIBEREL, FI.	
NEWIAL INC	····	-h		3600
SECONDARY SOURCES OF INCO	OME [Major customers, click NAME OF MAJOR		usinesses owned by reporting person ADDRESS	-see instructions on page 5]: PRINCIPAL BUSINESS
NAME OF BUSINESS ENTITY	OF BUSINESS'		OF SOURCE	ACTIVITY OF SOURCE
PAF	RT E INTERESTS II	N SPECIFIE	D BUSINESSES [Instructions on	page 6
	BUSINESS ENTITY:	# 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY				
ADDRESS OF BUSINESS ENTITY				
PRINCIPAL BUSINESS ACTIVITY				
POSITION HELD WITH ENTITY				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS				
NATURE OF MY OWNERSHIP INTEREST				
L. S WILKE	1.00	PADTE	TRAINING	
For officers	required to complete		TRAINING ics training pursuant to section	ı 112.3142, F.S.
		IAVE COM	PLETED THE REQUIRED '	TRAINING.
OAT	ГН	STATE COUN	OF FLORIDA Palm Be	ach
I, the person whose name appear			to (or affirmed) and subscribed before	
beginning of this form, do depose		3	une 20 16 by M	mailar thaitrel
and say that the information disclination and any attachments hereto is true			She hot	Notary Public State of Florida
and any attachments hereto is true and complete.		(Signat	ture of Notary PublicState of Florida	Sherrie R Norton My Commission FF 108130 Evoires 04/16/2018
1.10	1 .	(Print.	Type, or Stamp Commissioned Name	Expires 04/16/2018
1110	W -	Person	ally Known OR Prod	duced Identification
SIGNATURE OF REPORTING O	FFICIAL OR CANDIDATE	T	f Identification Produced	
				Bar prepared this form for you, he or
she must complete the following		, o, or anomey	good olanding with the Honda D	prepared and form for you, no or
I,	es, and the instructions t	, prepared to the form. Up	the CE Form 6 in accordance with A oon my reasonable knowledge and l	Art. II, Sec. 8, Florida Constitution, belief, the disclosure herein is true
Signature			_	Date
_	a CPA or attorney d	loes not relie	ve the filer of the responsibilit	ty to sign the form under oath.
			ON A SEPARATE SHEET, PL	- 85

PROCESSED

95006 **FLORIDA COMMISSION ON ETHICS**

JUN 3 0 2016

JUDICIAL QUALIFICATIONS COMMISSION FORM 6A Canon 6B(2), Code of Judicial Conduct

RECEIVED

GIFT DISCLOSURE

year on the form set forth value in excess of \$100.0 Conduct.	n below a list of all gifts receiv 0, as provided in Canon 5D(5	Ethics on or before <u>July 1</u> of each calendar ved during the previous calendar year of a 5) and Canon 6B(2) of the Code of Judicial	a l
		TELEPHONE:	39
ADDRESS: 705 MO	· DIXIE IMY WES	er DAM DENELL, Fl. 33 401	
POSITION HELD:	YKLUIT COUNT	5V) (a/2	
	ou received during the prece anon 5D(5) and Canon 6B(2) o	eding calendar year of a value in excess of the Code of Judicial Conduct.	f
Sou	urce	<u>Value</u>	
_ 0	>		
_			
		-	
I certify that the foregoing	glist is complete, true and corr	rect	
rectify that the foregoing	· · · · · · · · · · · · · · · · · · ·	Month	
	JUDGE	MARTIN H. LOLIN	
	<u>OATH</u>	•	
STATE OF FLORIDA COUNTY OF	alm Beach		
Sworn to (or affirmed) an by Martin H	d subscribed before me this 3	f person making statement).	
(NOTARY SEAL)	5		
		Notary Public State of Florida Sherrie R Norton My Commission FF 108130 Expires 04/16/2018	-
	(Nam ton Notary	And his Type of Printed of Stamped)	
Personally Known	OR Produced Identificat	tion	

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Produced_

Type of Identification